

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

02 MAR 11 AM 10:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L00000011517

1. Limited Liability Company's Name

SPHERE, L.L.C.

2. Principal Office Address

15437 71st Drive North

Suite, Apt. #, etc.

City & State

Palm Beach Gardens, FL

Zip

33418

Country

USA

3. Mailing Office Address

15437 71st Drive North

Suite, Apt. #, etc.

City & State

Palm Beach Gardens, FL

Zip

33418

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified  
To Do Business in Florida

9/22/00

6. FEI Number

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a Certificate of Status

**8. Name and Address of Current Registered Agent**

Name

Contemporary Concepts, Inc.

Street Address (P.O. Box Number is Not Acceptable)

15437 71st Drive North

Suite, Apt. #, Etc.

City

Palm Beach Gardens

State  
FL

Zip Code

33418

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of  
Registered Agent

By: Maureen O'Neill

REGISTERED AGENT MUST SIGN

Date 3-7-02

**10. Names and Street Addresses of Managing Members/Managers**

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Contemporary Concepts, Inc.	15437 71st Drive North	Palm Beach Gardens, FL
			33418

REINSTATEMENT

01-02-02  
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11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of  
Managing Member/Manager

By: Maureen O'Neill

Date 3-7-02

Daytime Phone # 561-748-8901

Typed or printed name of signing Managing Member/Manager

Maureen O'Neill, President